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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	<i>Concurrently Herewith</i>
First Named Inventor	Hua Zhu KE
Title	TREATMENT OF CONDITIONS THAT PRESENT WITH LOW BONE MASS BY CONTINUOUS COMBINATION THERAPY WITH SELECTIVE PROSTAGLANDIN EP4 RECEPTOR AGONISTS AND AN ESTROGEN
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	PC23170A

I hereby appoint:

☒ Practitioners at Customer Number

28523

OR☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name

David D. THOMPSON

Signature

Date

5-17-2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record****Name****Hua Zhu KE****Signature***Hua Zhu KE***Date***May 12, 2006*

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